☐ Amended

FTB Use Only: Total Payment Enclosed: _____ . 00

Taxable year: Beginning month _____ day _____ year _____, and ending month _____ day _____ year _____.

Part I   Withholding Agent

Name of Withholding Agent (Payer)	SSN or ITIN
Address (including suite, room, PO Box, or PMB no.)	FEIN or CA Corp no.
City	State	ZIP Code

Total Number of Foreign Partners or Members Included	Total California Source income Subject to Withholding _____ . 00

Part II   Tax Withheld

1 Total tax withheld from Schedule of Payees . . . . ● **1** _____ . 00

2 Amount withheld by another entity and being allocated
to partners or members . . . . ● **2** _____ . 00

3 Prior payments of foreign partners' or members'
withholding for taxable year shown above . . . . ● **3** _____ . 00

4 Amount credited from prior year's withholding . . . . ● **4** _____ . 00

5 **Total Payments.** Add line 2, line 3, and line 4 . . . . ● **5** _____ . 00

6 **Balance Due.** If line 1 is more than line 5, subtract line 5 from line 1. Attach a check or money
order for the full amount payable to the "Franchise Tax Board." Write the partnership's or LLC's FEIN
and "2009 Form 592-F" on the check or money order . . . . ● **6** _____ . 00

Mail Form 592-F, with payment, to: **WITHHOLDING SERVICES AND COMPLIANCE**
FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0651 1

7 **Overpayment.** If line 5 is greater than line 1, subtract line 1 from line 5 (complete lines 8 and 9). . . . . . . ● **7** _____ . 00

8 **Credit to next year.** Enter the amount from line 7 that you want credited to next year's Form 592-F . . . . . . ● **8** _____ . 00

9 **Refund.** Subtract line 8 from line 7 . . . . ● **9** _____ . 00

Part III   Perjury Statement

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than withholding agent) is based on all information of which preparer has any knowledge.

Withholding agent's name _____

Withholding agent's daytime phone number (_____) _____

Withholding agent's signature _____

Preparer's name _____

Preparer's signature _____

Preparer's address _____

Preparer's SSN/PTIN _____

Preparer's daytime phone number (_____) _____

Name of Withholding Agent (Payee)					SSN/ITIN, FEIN, or CA Corp no.

Schedule of Payees

ID Number	ID Type			Total Income	Amount of Tax Withheld
	☐ SSN or ITIN	☐ FEIN	☐ CA Corp no.		

Name

Address (including suite, room, PO Box, or PMB no.)

ID Number	ID Type			Total Income	Amount of Tax Withheld
	☐ SSN or ITIN	☐ FEIN	☐ CA Corp no.		

Name

Address (including suite, room, PO Box, or PMB no.)

ID Number	ID Type			Total Income	Amount of Tax Withheld
	☐ SSN or ITIN	☐ FEIN	☐ CA Corp no.		

Name

Address (including suite, room, PO Box, or PMB no.)

ID Number	ID Type			Total Income	Amount of Tax Withheld
	☐ SSN or ITIN	☐ FEIN	☐ CA Corp no.		

Name

Address (including suite, room, PO Box, or PMB no.)

ID Number	ID Type			Total Income	Amount of Tax Withheld
	☐ SSN or ITIN	☐ FEIN	☐ CA Corp no.		

Name

Address (including suite, room, PO Box, or PMB no.)

ID Number	ID Type			Total Income	Amount of Tax Withheld
	☐ SSN or ITIN	☐ FEIN	☐ CA Corp no.		

Name

Address (including suite, room, PO Box, or PMB no.)

ID Number	ID Type			Total Income	Amount of Tax Withheld
	☐ SSN or ITIN	☐ FEIN	☐ CA Corp no.		

Name

Address (including suite, room, PO Box, or PMB no.)

Total tax withheld from Schedule of Payees. Enter here and on Side 1, line 1. 00

Side 2   Form 592-F C3 2008   8082093